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ABSTRACT

The major goals of this practicum were (1) to initiate a preschool screening program to identify children with special needs in the Lower Township School District, Cape May, New Jersey; (2) to refer these children to appropriate remedial services prior to their entrance into kindergarten; and (3) to provide opportunities for parents to attend follow-up workshops to understand the nature of special needs. The Denver Developmental Screening Test and the Readiness Tasks of the Early Detection Inventory were used as screening instruments. The Gesell Developmental Screening Test was used to rescreen "high risk" children. The screening program focused on five main areas: school readiness tasks and personal-social, fine motor, language, and gross motor development. A total of 23 percent of all children who participated in the prescreening program exhibited a special need or needs on the Denver Developmental Screening Test; 15 percent of the children exhibited a special need or needs on the Early Detection Inventory. Results of the assessment were discussed with parents 1 month after the prescreening program. A handbook consisting of suggested parent-child activities was compiled based on overall screening deficits. (Among the appendices are copies of questionnaires directed to parents, administrators and kindergarten teachers, and kindergarten teachers and remedial personnel.) (AS)

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THE IMPLEMENTATION OF A PRE-SCHOOL SCREENING PROGRAM IN THE LOWER TOWNSHIP SCHOOL DISTRICT

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Observer's signature print name date

THE IMPLEMENTATION OF A PRE-SCHOOL SCREENING PROGRAM IN THE LOWER TOWNSHIP SCHOOL DISTRICT

JAN - 6 1985

PRACTICUM II REPORT SUBMITTED TO THE FACULTY OF THE EARLY CHILDHOOD EDUCATION PROGRAM IN CANDIDACY FOR THE DEGREE OF DOCTOR OF EDUCATION

BY

JANET E. GOETASKI

NOVA UNIVERSITY - CLUSTER 11

OCTOBER 1984

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Abstract

The implementation of a Pre-School Screening Program to identify those children who exhibit a special need/needs prior to their entrance into Kindergarten.
Goetaski, Janet E., 1984: Practicum Report, Nova University Ed.D. Early Childhood Program
Descriptors: Screening Tests, School Readiness Test, Pre-School Test, Placement, Handicap Identification, Identification, Diagnostic Test, School Readiness, School Entrance Age, Maturity Test

This practicum addressed the need to identify those children with special need/needs prior to their entrance into Kindergarten.

The major goals of this practicum were: to initiate a Pre-School Screening Program to identify children with special need/needs, to refer these special need/needs children to the appropriate remedial services prior to their entrance into Kindergarten, to provide an opportunity for parents to attend follow up workshops on what constitutes a special need/needs and to have the Pre-School Screening Program become an ongoing program.

All of the goals of the practicum were met with the exception of goal #2. Only thirty-three(33) percent of the parents who attended the Pre-School Screening Program attended the first follow up workshop instead of the projected seventy-five(75) percent. One-hundred(100) percent of the Kindergarten teachers, administrators, and remedial personnel would like to see the program continued and have offered their support.

Janet E. Goetaski, Cluster 11, is a Learning Disability Teacher Consultant in an elementary school in Lower Township, New Jersey.

CHAPTER ONE

INTRODUCTION

A. The Community

Lower Township is a semi-rural area encompassing 30-33 square miles and containing approximately 18,000 year round residents. During the summer months the total population is estimated to be approximately 60,000 people. Out of the 18,000 year round population in Lower Township(11,149 adults), only 943 adults completed three years of college and only 574 adults completed four years of college(1982).

The township is located in South Jersey and its boundaries include beach front on the Atlantic Ocean and the Delaware Bay and land at the very southernmost tip of the peninsula. Lower Township is a financially depressed area in the sense that many residents are seasonal workers due to its proximity to Cape May, Wildwood, and other resort cities. There is no large industry in Lower Township since the Harbison Walker Refractories has shut down. The main sources of employment in this coastal resort area include fishing, municipal employment, education and the tourist industry.

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While there is a broad range of real estate values in Lower Township, the area consists largely of modest housing. The price range is anywhere from $75,000.00 for a summer bungalow to a bayfront home which may be as expensive as $200,000.00 or more. The approximate median is considered to be $45,000.00 according to local real estate evaluators.

Because Lower Township and its constituent communities are tourist oriented, resort business largely contributes toward Lower Township's economy. Lower Township, as of the Master Plan Report(1979), had a mean family income of $8,209.00.

Due to the low socio-economic characteristics of the general population,there is a lack of concern for quality education and other kinds of involvement which would add to a child's educational experience.

B. Writer's Role, Responsibility and Work Setting

The Lower Township Elementary School System is governed by a school board which is comprised of nine(9) elected members who handle the fiscal matters and other policies of the Lower Township Elementary School System. The chief school administrator is the superintendent. There are currently three elementary schools: Kindergarten through sixth

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grade. Each of these three elementary schools is directly administered by a principal. The latest total enrollment is 1,174.

Because of the federal law PL 94-142, The Education For All Handicapped Children Act, resource room teachers are in all of these schools. The special education staff is comprised of one child study team which services the three elementary schools. The child study team consists of a learning disability teacher consultant, a psychologist, and a social worker. The child study team has a special educator in the role of a child study team chairperson.

The writer is a learning disability teacher consultant on the child study team, serving three elementary schools(K-6) and has held that position for the past four years. The duties of the learning disability teacher consultant are to :

1. Perform diagnostic testing.
2. Write reports on children referred to the child study team.
3. Observe children in the classroom when requested by the teacher or the principal of the building.
4. Meet with parents and teachers to share test results.

5. Make decisions in concert with other child study team members regarding placement of referred children.
6. Write goals and objectives for individualized educational plans for each child in the resource room.
7. Perform the role of specialist by helping the resource room teachers adapt curriculum and materials to accommodate the special education child.
8. Establish and maintain good lines of communication among parents of the special education child, classroom teachers, and administrators in the system.

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CHAPTER TWO

STUDY OF THE PROBLEM

A. Description of the Problem Situation and the Problem Statement

Until the present time there had not been any means of identifying special need/needs children prior to their entrance into Kindergarten in the Lower Township School District. For this reason, a significant number of children were not meeting success in Kindergarten.

There was not only frustration on the part of the child but parents, teachers, and administration as well. Parents in the Lower Township community found it difficult to recognize a special need/needs in their child and were therefore unable to remediate it.

The problem had not been solved probably because there had not been anyone with the proper educational background who was willing to implement and coordinate a pre-screening program.

B. Evidence of the Problem

During the 1981-82 school year, the principal and the Kindergarten teachers of the Lower Township Public School System expressed a need for more suitable identification of those children who had special needs prior to their entrance into Kindergarten. This

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expression of need was again raised by the principal and the Kindergarten teachers in the 1983-84 school year. Their major concerns were:

1. At the present "Kindergarten Roundup" there was no means of identification of children with special need/needs.
2. There needed to be a suitable assessment instrument to identify children with special needs.
3. The time and manner of assessment instrument administered would have to be determined.

During the 1983-84 school year, tests were given to Kindergarten children in order to identify needs in the following areas:

1. Compensatory Education
2. Speech
3. Vision
4. Hearing

These tests were administered by the appropriate school personnel: reading teachers, speech therapist, and school nurse.

At the end of the 1982-83 school year, sixteen(16) children were identified as needing placement in the

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transitional first grade the following year(1983-84 school year). These children were identified by teacher observation in corroboration with the principal and the Child Study Team.

The following table represented1983-84 identification and placement of Kindergarten children.

TABLE 1
IDENTIFICATION AND PLACEMENT OF
KINDERGARTEN CHILDREN

AREA	NO. PUPILS IDENTIFIED	NO. PUPILS PLACED
Compensatory Education	23	23
Speech	16	12[a]
Hearing	5	4+1[b]
Vision	9	7+2[b]
Transitional First	16	16

NOTE:

a. One child was not placed due to parental denial. The other three children were found to have speech appropriate for their age.
b. Three children are under care, i.e.: their deficit is being corrected and a follow-up will take place.

Table 1 illustrated that thiry-five(35) percent of the Kindergarten children exhibited deficits. The results shown on Table 1 confirmed the concerns of the principal and the Kindergarten teachers. They felt that these children should have been identified prior

to their entrance into Kindergarten. Early identification of children who may need special help in school is imperative in order to insure the maximum progress of each individual child upon entrance to school.

Until the present time the only preschool meeting of a prospective Kindergarten child with a professional was an examination with a doctor and a nurse present. In the Lower Township Public School system, this is known as "Kindergarten Roundup." At the "Kindergarten Roundup," the necessary documents are checked and the child's registration form is completed. The child is examined by the school doctor with the nurse present. If the child is too young to enter school in September, the parents are informed at this time. The child must be five years of age on or before October 1st. of his/her entrance year.

Approximately one month later there is an "Orientation Day For Parents." On "Orientation Day" the principal meets with the parents and gives a talk on what is expected of a child in Kindergarten.

In August the prospective Kindergarten children have a "trial run" of their first day in Kindergarten. This consists of the prospective Kindergarten children

getting on the bus and coming to school to meet their prospective Kindergarten teacher and spending some time in their prospective classroom. After an hour the prospective Kindergarten children are returned home on the same bus on which they arrived.

Since the initiation of a transitional first grade in the Lower Township Public School System in 1978-79, ninety-five(95) children have attended this program. If the needs of these children had been identified prior to their entrance into Kindergarten, many of them may have been able to make an easier transition from Kindergarten to First Grade.

In order to gather developmental background of children presently in Kindergarten, 199 questionnaires were hand delivered to all Kindergarten teachers by the writer. After completion of the questionnaires, the writer collected them at a designated time.

The questionnaires consisted of a developmental checklist which enabled the writer to receive feedback from the Kindergarten teachers concerning the children in their classroom(see Appendix "A").

The questionnaires were summarized by counting the "yes" answers indicating difficulties in that area, and the "no" answers indicating no difficulties in that area.

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TABLE 2

RESULTS FROM QUESTIONNAIRES FROM KINDERGARTEN TEACHERS IN RANK ORDER ACCORDING TO HIGHEST "YES" ANSWERS

AREA	QUESTION NUMBER	NUMBER OF "YES" ANSWERS
Auditory(Visual-Auditory Associative)	6	59
Motor(Gross)	20	57
Control Factors(Distractable/hyperactive)	56	48
Motor(Fine)	31	39
Social Emotional(Immature-Dependent)	66	37
Social Emotional(Psychotic-Neurotic)	70	37
Control Factors(Impulsivity)	55	33
Motor(Fine)	30	30
Social Emotional(Psychotic-Neurotic)	68	30
Social Emotional(Immature-Dependent)	67	26
Auditory(Memory-Sequence)	5	26
Motor(Fine)	29	25
Social Emotional(Agressive)	57	8

The data obtained from Table 2 indicated that the areas in most need of remediation were the following:

1. Auditory
2. Motor
3. Control Factors

199 questionnaires were mailed to parents of children already in Kindergarten along with a stamped self addressed envelope.(see Appendix "B" and "C")

Out of the one-hundred and ninety-nine(199) questionnaires mailed to the parents, fifty-three(53) questionnaires or twenty-seven percent were returned to the writer.

The purpose of the questionnaires was to obtain parental feedback in the following areas:

1. Prenatal, Delivery, and Neonatal Course
2. Developmental History
3. Developmental Milestones
4. Physical Development
5. Medical History

Questionnaire results were tabulated in the following areas:

TABLE 3

RESULTS OF QUESTIONNAIRES FROM PARENTS

AREA	1 Indicated Need	2 Indicated No Need	3 Don't Know
Prenatal Delivery, and Neonatal Course Complications	9	6	38
Developmental History	9	14	30
Developmental Milestones	5	48	0
Physical Development	7	46	0
Medical History	14	39	0

The questionnaire responses were evaluated and divided into three areas: answers which indicated a need or a problem in that area(number 1), those answers which indicated no problem in that area(number 2), and the "don't know" answers(number 3).

The following were the results of Table 3:

Prenatal etc. - 17% of the children have/had a need or a problem.

Developmental History: 17% of the children have/had a need or a problem.

Developmental Milestones: 9% of the children have/had a need or a problem.

Physical Development: 13% of the children have/had a need or a problem.

Medical History: 26% of the children have/had a need or a problem.

If there had been some means of identifying the needs of these children prior to their entrance into Kindergarten, possibly they would have been referred to the appropriate remedial program immediately upon their entrance to school.

C. Cause of the Problem

One of the causes for children not being developmentally ready for Kindergarten in the Lower Township School System appeared to be the educational

background of the general adult population in the Lower Township area. Out of 18,000 total year round population in Lower Township(11,149 adults)only 943 adults completed three years of college and only 574 adults completed four years of college. The lack of educational background and skills of the gneral adult population resulted in many parents not being able to provide an educationally enriching environment for their children. For example: parents who do not read for enjoyment are unlikely to read to their children.

Education is generally not stressed in Lower Township due to the need for financial survival. Financial success is more highly looked upon than educational success by the general population.

Another problem that sincerely interested parents have experienced is the lack of external beneficial stimuli which has not only affected the child but the parents as well. Some of these stimuli which are available in more urban settings are social, cultural, and educational benefits. Since stimulating experiences in the environment are not readily present in Lower Township, neither the parent nor the child has been exposed to educational experiences which enable them

to grow and develop to their fullest potential.

Another problem appeared to be due to the financially depressed nature of the area: both parents are apt to be working. There is only one Head Start Program but not in Lower Township. It is located in Wildwood, a resort close by. The need for financial survival which has resulted in many two parent working families often means that there is little parental time and energy left for children. In many cases children with special needs were simply children who did not receive enough attention at home.

While there are several private nursery schools in the area, the majority of parents cannot afford to send their children to a private nursery school.

D. Related Literature

After reviewing the literature, the writer found a great deal of material dealing with children who have special needs prior to their entrance into Kindergarten. The writer also found material dealing with pre-screening programs.

Yahraes and Prestwich(1977) provided evidence that supports pre-school training programs which are instituted early to coordinate eye, hand, and brain thus preventing the development of learning disorders.

Satz and Fletcher(1979) stated that they recognized the need to develop early screening instruments in order to provide any necessary help for children when they begin school. They stressed the need to determine predictive outcomes in early detection research to prevent misuse and misinterpretation of prediction results.

Ames, and Ilg(1978) emphasized that they felt that the child's behavioral age and not the child's chronological age should be used to determine entrance to school.

Wilborn and Smith(1974) stated that the effect of repeated failing experiences was justification for early identification, therefore providing the opportunities for developing individual prescriptive learning programs to assure early learning success.

Slingerland(1969) confirmed the success of early identification programs, but felt that they should be followed by instructional therapy by which pupils can respond.

Dyer(1973) felt that the idea of sole dependence on tests for selection was faulty. He emphasized the value of observation by teachers regarding the behavior of their pupils.

Dunleavy, Hansen, and Szasz's(1981) research report suggested that the Human Figure Drawing Test was useful for early identification of academically not ready children. The scores on this test were compared with scores on the Metropolitan Readiness Test(MRT). Basically a statistically significant relationship between H.F.D. and M.R.T. was found for all groups with only one exception. The results of this research report suggested that the H.F.D. test was useful for early identification of academically not-ready Kindergarten children since an overall hit rate of 75% was obtained for the experimental population.

Lipson(1981) stressed that early discovery and evaluation of developmental problems was crucial to success in school. She described a twenty minute screening test which was given to pre-Kindergarten children in the spring before their proposed entrance to school. This test yielded sufficient information to pinpoint a child with possible developmental problems and who would therefore need further testing. This screening test has proved to be beneficial and those children who need remediation can be helped early.

Gack(1979) felt that preschool screening programs

were of practical value to children as well as participating teachers. In an effort to locate a suitable criterion referenced skills checklist as a pre-screening tool, he compared pupil performance on the Basic School Skills Inventory with that of the First Grade Screening Test. He concluded that the validity of the Basic School Skills Inventory was comparable to the First Grade Screening Test and provided behaviorally oriented performance data to the teacher.

Reynolds(1979) stated that a variety of short screening tests and several group readiness tests have been developed and normed for pre-schoolers. He felt that these tests were more practical for large scale screening programs since the testing time is shorter and they do not require highly trained personnel. Reynolds also stated that these tests were frequently used in placement decisions (e.g. regular first grade versus developmental classroom) and in decisions on early identification to Kindergarten.

Sahin(1978) indicated that the Denver Developmental Screening Test was an efficient pre-screening tool for identifying educationally at-risk children.

Grafft,(1980) stated that a developmental program was initiated in the Orinda California School District and has been successful. He further stated that there was a reduction of classes for handicapped children due to the developmental program.

It appears that there is general agreement among the writers that early identification and screening of children is necessary to insure optimum development of the child.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

A. GENERAL GOALS

This practicum was designed to initiate and implement an effective screening program in the Lower Township School District to identify those children with special needs prior to their entrance into Kindergarten.

It was hoped that children with special needs would be identified prior to their entrance into Kindergarten and that the pre-screening program would be so effective that it would become an ongoing program.

A second goal was that parents would want to attend a follow-up workshop in order forthem to get an overall review of the screening program results and what constitutes a special need/needs.

A third goal was that children identified as having special needs would be referred to the appropriate remedial program in order to receive services by September of their Kindergarten year.

A fourth goal was that administrators, remedial personnel, and Kindergarten teachers would want to see the pre-screening program continued.

Another goal to be achieved was that parents who attended the follow-up workshop on "Orientation Day" would attend a one-day summer workshop.

The last goal was that children identified as being "high risk" would be retested in the fall of 1984.

B. OBJECTIVES, ASSESSMENT INSTRUMENTS, AND STANDARD OF PERFORMANCE

There were to be two days of pre-screening and the instruments to be used for assessment were the Early Detection Inventory Readiness Tasks and the Denver Developmental Screening Test.

The following goals were projected for this practicum: Fifteen(15) to twenty(20) percent of all the children who participated in the pre-screening program would exhibit a special need/needs. A percentage of seventy-five(75) of the parents who attended the pre-screening Program would attend the follow-up workshop on "Orientation Day."

All of the children who were screened and identified as having a special need/needs would be referred to the appropriate remedial program before September of their Kindergarten year as evidenced by Principal confirmation to the writer.

Ninety-five(95) percent of the Kindergarten teachers and administrators would want to see the pre-screening program continued by responding "yes" to"question #5 on the follow-up questionnaire on the pre-screening program.(see Appendix "D")

Ninety-five(95) percent of the Kindergarten teachers and remedial personnel would want to see the pre-screening program continued by responding "yes" to question #7 on the questionnaire to evaluate the effectiveness of early identification of "high risk" children.(see Appendix"C")

Sixty(60) to seventy-five(75) percent of the parents who attended the follow-up workshop on "Orientation Day" for an overall review of program results would attend a one day workshop in May.

One-hundred(100) percent of those children identified as being "high risk" would be retested in the fall of 1984.

A handbook was compiled by the writer with suggested parent/child activities based on the overall screening deficits. This handbook was distributed at the one-day workshop so that parents were able to help their child during the summer months.

Results of the assessment instruments have been presented in chart form in this final report.

BEHAVIOR EXPECTED	ASSESSMENT INSTRUMENT	STANDARD OF PERFORMANCE
As a result of the pre-screening program, children with special needs will be identified prior to their entrance to Kindergarten.	Denver Developmental Screening Test Results Early Detection Inventory Results	15-20% of all the children who participate in the pre-screening program will exhibit a special need/needs.
After having attended the pre-screening program with their child, parents will attend a follow-up workshop for an overall review of program results(Orientation Day)	Attendance Records a. pre-screening program b. Workshop	75% of those parents who attended the pre-screening program will attend the follow-up workshop.
Children identified as having a special need/ needs will be referred to the appropriate remedial program.	Denver Developmental Screening Test Results Early Detection Inventory Results	100% of the enrolled pre-Kindergarten pupils identified as having special needs will be scheduled by May 1984 to receive services by the September 1984 school year.
As a result of the initial pre-screening program, Kindergarten teachers, remedial personnel, and administrators will want to see the program continued.	Results of questionnaires to Kindergarten teachers, remedial personnel, and administrators.	95% of the Kindergarten teachers will want to see the pre-screening program continued. 95% of the administrators will want to see the pre-screening program continued. 95% of the remedial personnel will want to see the pre-screening program continued.
After having attended the follow-up workshop (Orientation Day) for an overall review of program results, parents will attend a one day summer workshop.	Attendance Records	60-75% of those parents who attend the follow-up workshop for an overall review of program results,will attend a one-day summer workshop.
Children identified as being "high risk" will be retested in the fall of	Denver Developmental Screening Test Results Early Detection Inventory	100% of those children identified as "high risk" will be retested in the fall of 1984.

CHAPTER FOUR

SOLUTION SELECTED AND IMPLEMENTATION

The author decided that the best solution to the problem for her setting was to implement a screening program to identify those children who have special needs prior to their entrance into Kindergarten.

The writer's role was to implement and coordinate the pre-screening program. In order for the writer to implement this program, she had training meetings for the Kindergarten teachers and approval from the appropriate school personnel.

The writer reviewed the pre-screening programs in her neighboring area and discovered two successful ones. The first program was an informal screening test devised from the Early Detection Inventory. This was used in a small school system and was meeting its needs. However, it was decided that this program would not fully meet the needs of Lower Township.

The second program was the Gesell Developmental Screening Test. This test was used in several of the school systems and was meeting their needs. The test is designed to provide an estimate of developmental status and maturational levels. The instrument is not

a timed test but takes approximately thirty minutes to administer. The administration felt that this program was the most appropriate to re-screen "high risk" children in the Lower Township School District.

The following tests were revealed as a result of reviewing the literature:

The Maturity Level for School Entrance and Reading Readiness Test. This screening instrument has twenty-five(25) behavior items which are to be checked by the teacher as true or false in the following areas:

1. Bodily Coordination
2. Eye-Hand Coordination
3. Personal-Independent
4. Social Cooperation

It was decided that the Maturity Level for School Entrance and Reading Readiness Test was not the most appropriate tool to be used as a pre-school screening instrument in the Lower Township School District since it did not fully assess the areas which were felt to be important.

The Basic School Skills Inventory Tests is a criterion reference test consisting of eighty-four(84) items reflecting seven areas of performance. It is

recommended as a supplementary tool to be used in the development of a total preschool readiness curriculum. It was decided that this program would not be adequate as a prescreening tool in the writer's setting.

The Denver Developmental Screening Test is an individual standardized test. Frankenburg, Camp, et. al. concluded that the Denver Developmental Screening Test is widely used for screening the development of preschool age children. Correlations of mental ages obtained with the Denver Developmental Screening Test and criterion tests varied between .86 and .97. Scoring the Denver Developmental Screening Test as normal, questionable, and abnormal agreed very highly with the IQ's obtained on the criterion tests. In a concurrent validity study, the Denver Developmental Screening Test scores were compared to the Standford-Binet.

The Denver Developmental Screening Test is not a timed test and can be used by paraprofessionals. It takes approximately twenty minutes to administer.

After discussion with key school personnel (Superintendent, Principal, and Kindergarten teachers), it was agreed to use the Denver Developmental Screening Test and the Early Detection Inventory Readiness Tasks section as the screening instruments

since these tests would best meet the needs of Lower Township. It was also decided that the Gesell Developmental Screening Test would be used to re-screen "high risk" children.

Another positive reason for selection of a screening program was that the materials, physical plant, professionals and assessment instruments were all readily available to the writer.

Since the pre-screening program was conducted during school hours with school personnel, the only extra monies needed were for salaries of substitutes who replaced the Kindergarten teachers who did the testing. In addition, the writer volunteered her time for the follow-up workshop in May of the school year. Another important factor which influenced the writer's selection of this solution was that she had the full cooperation and enthusiasm of the Kindergarten teachers, appropriate administrators, and other professional staff.

The pre-screening program was implemented and coordinated by the writer. The five main areas of the program focused on the following: School Readiness Tasks, Personal-Social, Fine Motor, Language, and Gross Motor.

The procedure for the pre-screening program was set up by stations. There were six stations. They were as follows: (see Appendix "E")

1. Station One - Pre School Registration
2. Station Two - Verification of the child's birth certificate.
3. Station Three- The school nurse reviewed all forms.
4. Station Four -The child was examined by the school doctor.(approximately five minutes)
5. Station Five -Children were evaluated by the writer and the professional staff using the Denver Developmental Screening Test and the Early Detection Inventory Readiness Section. The staff consisted of a Learning Disability Teacher Consultant, a Social Worker, and four Kindergarten teachers.
6. Station Six -The Physical Education Teacher evaluated children in the gross motor area of the Denver Developmental Screening Test.

At the end of the screening program, the child was returned to his/her parent. The program, took approximately two full days. The actual screening test time for each child was approximately twenty minutes.

One month after the pre-screening program on "Orientation Day," the writer discussed the overall results of the assessment instruments with the parents. At this time, the parents were asked to give their choice of either of two days presented to them for a follow-up workshop. The day most convenient for the majority of the parents was May 31st. A handbook was compiled by the writer with suggested parent/child activities based on the overall screening deficits. The handbook was distributed at the follow-up workshop and a brief talk was given by the writer. A representative from the New Jersey Department of Education spoke on the following areas:

1. The various rates of development in children.
2. What "developmentally not-ready" means.
3. Programs offered by the Lower Township School District for special needs children.

The representative from the New Jersey Department of Education gave the parents printed material regarding some general principles of developmental behavior.

At the conclusion of the workshop, parents were invited to ask questions. The atmosphere was warm and friendly and interchange of ideas was prevalent.

In addition to appropriate remedial program referrals of special need/needs children, those children who fell in the abnormal range of the Denver Developmental Screening Test and those children who fell in the unsuccessful range in four or more areas on the Early Detection Inventory were considered "high risk" children. These children were retested in the Fall of 1984 by the writer using the Gesell Developmental Screening Test. Those children who still fell in the "high risk" category, were referred to the Child Study Team.

There were four deviations from the original proposal. The first involved rescheduling the parental follow-up workshop from July to May. The administration felt that this was necessary due to the high rate of parental summer employment in this resort area.

The second deviation was to use the Gesell Developmental Screening Test as a re-test instrument for "high risk" children instead of the Denver Developmental Screening Test and the Early Detection Inventory. The administration felt that the Gesell

Developmental Screening Test was a valid instrument for re-testing "high risk" children: their reasons were that this test is well known and encourages parent involvement and yields a developmental age.

The third deviation was the addition of a conference in August with the Kindergarten teachers and remedial personnel to discuss special need/needs children prior to their entrance into Kindergarten.(see Appendix "J")

The fourth deviation was to add an addition half day for the pre-screening program. The administration felt that this was necessary because two full days was just not enough to register and screen all of the prospective Kindergarten children in the Lower Township School District.

CHAPTER FIVE

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

After it was determined that there was a need for a pre-screening program, the writer obtained permission from the appropriate administrators to implement this program.

After the writer obtained permission, she met with the Kindergarten teachers to familiarize them with the procedure and tests to be used.

Parents were notified in writing that the pre-screening of prospective Kindergarten children would take place at Kindergarten round-up.(see Appendix "E")

All of the goals of the pre-screening program were met except for the second goal which was that seventy-five(75) percent of the parents who attended the pre-screening program would attend a follow-up workshop on "Orientation Day." In fact, out of the 180 parents who attended the pre-screening program only sixty(60) parents who attended the pre-screening program or thirty-three (33) percent attended the follow-up workshop on "Orientation Day."(see Appendix "F")

The first goal was met since twenty-three(23) percent of all children who participated in the pre-screening program exhibited a special need/needs on the

Denver Developmental Screening Test and fifteen(15) percent of the children exhibited a special need/needs on the Early Detection Test. The following Table depicts the results of the screening instruments individually.

TABLE IV

TEST RESULTS OF PRE-SCREENING PROGRAM

DENVER DEVELOPMENTAL SCREENING TEST		EARLY DETECTION INVENTORY READINESS TASKS	
ABNORMAL	NORMAL	UNSUCCESSFUL	SUCCESSFUL
42[a]	138	27[b]	153

Note. One-hundred and eighty(180) children attended the pre-screening program in the spring of 1984.

a. Twenty-three(23) percent of the children were considered "high risk" according to the results on the Denver Developmental Screening Test.

b. Fifteen(15) percent of the children were considered "high risk" according to the results on the Early Detection Inventory.

The third goal was met since 100% of the enrolled pre-Kindergarten children who were identified as having special need/needs were scheduled in May 1984 to receive the appropriate remedial services. The following table shows the areas of special need/needs:

TABLE V

IDENTIFICATION OF AREAS OF SPECIAL NEED/NEEDS
(Number of Children)

SPEECH	CST.	PHYS.ED.	HEARING	VISION	RESCREENED
12	10	32	3	3	15

Note. CST means Child Study Team
PHYS.ED. means physical education.

The fourth goal was met since 100% of the Kindergarten teachers and 100% of the administrators and remedial personnel wanted to see the program continued as evidenced by responding "yes" to question #5 on the follow-up questionnaire and responding "yes " to question #7 on the questionnaire given to Kindergarten teachers and remedial personnel to evaluate the effectiveness of early identification of "high risk" children.(see Appendix "D" and "G")

The fifth goal was met since 93% of the parents who attended the follow-up workshop on "Orientation Day" attended another workshop in May. This workshop was

conducted by the representative from the New Jersey Department of Education. The local newspaper published information regarding the time and date of the workshop.(see Appendix"I")

The sixth goal was met since 100% of the"high risk" children were retested by the writer in the fall of 1984 using the Gesell Developmental Screening Test.

Since the pre-screening program in the Lower Township School District was incorporated as a part of the Kindergarten round-up, the only extra monies needed for the program were salaries for substitutes who replaced the Kindergarten teachers. The Kindergarten teachers along with the writer administered the tests at Kindergarten round-up. The parents were first asked to register their child and at that time all of the various stations were explained to them.

The Kindergarten round-up was conducted in an informal and friendly atmosphere.

Scheduling was set up for either the morning or afternoon for parents to bring their children to school. The actual time to complete all six stations varied from one to two hours.

180 children were examined and screened at Kindergarten round-up prior to their entrance into school.

The following recommendations might be helpful to those who would like to initiate a pre-screening program:

1. The writer feels that one examining physician was not enough for the large number of children screened in her setting. It is recommended that the availability of two physicians would have decreased the amount of parent/child waiting time.
2. There should have been more testers in the writer's setting so as to eliminate a waiting period and jam-ups in that area.
3. Plan carefully and be sure that all persons who will be involved in the screening program are properly trained and aware of their role/roles.
4. Make parents and children feel comfortable and welcome.
5. There should be more than two days scheduled for a pre-screening program to insure 100% attendance.

The writer was very pleased with the outcome of the pre-screening program. The reception of parents, teachers, and administrators was excellent. The Kindergarten teachers especially appreciated being a part of the program and

becoming familiar with some of the children prior to their entrance into Kindergarten.

The writer has been assured by the administration that the pre-screening program will be continued in her school system.

The writer is planning to make her report available to her fellow cluster members, school system administrators, special education colleagues and classroom teachers in the Lower Township School District.

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APPENDIX "A"

Lower Township
Public Schools

534 SEASHORE ROAD, CAPE MAY, NEW JERSEY 08204 LOWER TOWNSHIP, NEW JERSEY

Janet E. Goetaski
P.O. Box 742
North Cape May, New Jersey
08204

January, 1984

Dear

I would like to request your assistance regarding a project to screen pre-schoolers before their entrance into Kindergarten.

We agree, I'm sure, that some children enter school who are not ready to do so due to developmental immaturity. My feeling is that the needs of those children should be identified prior to their entrance to school.

Enclosed is a questionnaire that will be of assistance in determing the developmental needs of Kindergarten children.

I will pick up the completed questionnaires. Please feel free to contact me if you have any questions. Your questionnaires will be confidential of course.

Sincerely,

Janet E. Goetaski

Janet E. Goetaski
Learning Disability Consultant

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APPENDIX "B"

Lower Township
Public Schools

824 SEASHORE ROAD, CAPE MAY, NEW JERSEY 08204

LOWER TOWNSHIP, NEW JERSEY

Janet E. Goetaski
P.O. Box 742
North Cape May, New Jersey
08204

January, 1984

Dear Parents:

As part of a project to screen preschoolers for kindergarten in the Lower Township community, I am enclosing a questionnaire for you to complete. A return envelope is enclosed for your convenience.

Permission has been given by school authorities to conduct this project.

The purpose of the questionnaire is to gather information which will enable the school to structure more appropriate educational programs for children at the Lower Township School.

Participation is voluntary. Your cooperation and prompt return of the questionnaire will be greatly appreciated.

Thank you for your assistance.

Sincerely,

Janet E. Goetaski

(Miss) Janet E. Goetaski
Learning Disability Consultant

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QUESTIONNAIRE

Name of person completing this form_____

Name of child_____ Sex_____ Date of Birth_____

Address_____ Telephone_____

School_____ Grade_____ Birthplace_____

Name of parents/guardians	Date of Birth	Health	Education	Occupation
Mother_____	_____	_____	_____	_____
Father_____	_____	_____	_____	_____
Other guardian_____	_____	_____	_____	_____

1. PRENATAL, DELIVERY, AND NEONATAL COURSE COMPLICATIONS:

During her pregnancy with this child, did mother have any of the following? (Please circle the appropriate number in the right hand column.)

	YES	NO	DON'T KNOW
X-rays or radium treatments to her abdominal area?	1	2	3
Threatened miscarriage?	1	2	3
Serious illnesses? (specify, if so_____)	1	2	3
Serious accidents or injuries? (specify, if so_____)	1	2	3
High blood pressure? (indicate how high, if known_____)	1	2	3
Rh or other blood problems? (if other describe_____)	1	2	3
Measles in the first three months of pregnancy?	1	2	3
Was the baby premature? (If more than 2 weeks early)	1	2	3
Was labor difficult or was a Caesarian section necessary?	1	2	3
Was medication taken during pregnancy? (If yes, what kind?) _____	1	2	3
How much did the baby weigh? (If less than 5 lbs. 5 oz, circle #1, if more than 5 lbs. 5 oz., circle #2)	1	2	3
Did the baby have any trouble breathing?	1	2	3
Was the child a "blue baby?"	1	2	3
Did child have yellow jaundice?	1	2	3
Was child in hospital more than five days?	1	2	3

1. PRENATAL, DELIVERY, AND NEONATAL COURSE COMPLICATIONS: (cont.)

	YES	NO	DON'T KNOW
Did baby require any treatment of any special tests after delivery? (If yes, specify:_____)	1	2	3
Mother's age at birth of child. (fill in_____)	1	2	3

2. DEVELOPMENTAL HISTORY

How old was the child when he/she first spoke in sentences? (1) older than 2 years (2) younger than 2 yrs (3) don't know	1	2	3
How old was the child when he/she stopped wetting at night? (1) older than 18 mos. (2) younger than 2 yrs. (3) don't know	1	2	3
Do you feel that the child is very clumsy? If yes, describe _____	1	2	3
Has the child every been hospitalized? If yes, describe in detail _____	1	2	3
Has he/she ever been knocked unconscious? If yes, describe in detail_____	1	2	3
Has the child ever had any serious accidents or head injuries? If yes, describe in detail:_____	1	2	3
Has the child ever had any very high (105°) or prolonged fevers? If yes, describe in detail_____	1	2	3
Do people outside of the family have trouble understanding his/her speech? If yes, describe in further detail_____	1	2	3
Has the child ever attended any preschool program? If yes, where?_____	1	2	3
Do you feel your child has any problems that a sensitive classroom teacher could help him/her with, or should know about? Please explain_____	1	2	3

3. DEVELOPMENTAL MILESTONES: (Note ages and anything unusual or significant)

Sat without support_____

Walked alone_____

Used single words_____

Toilet trained_____

Crawl_____

Feeding: Anything notable in ways of likes, dislikes, habits, mealtime behavior:

_____

_____

4. PHYSICAL DEVELOPMENT: (if unsure, explain why)

Child's general coordination (active, slow, clumsy, agile, etc._____

_____

Hand child favors or uses most of the time_____

Fastens buttons, ties knot, zips zipper_____

Able to use scissors for rough cutting_____

Use tricycle, run, use alternate feet on steps_____

_____

5. MEDICAL HISTORY (If answer is yes, please check the following)

_____ The child has trouble with his/her eyes or vision.

_____ The child has trouble with his/her ears or hearing.

_____ The child has had throat or ear infections in the past year.

_____ The child has had shortness of breath or wheezing.

_____ The child has an unusual fear of something.

_____ The child is now taking medication.

_____ The child is subject to seizures, fits, or convulsions.

_____ Does the child have an allergy problem?

_____ Does the child have trouble with extreme shyness?

_____ Is the child extremely active?

_____ Are any of the following present?

_____ Excessive crying

_____ Excessive nail biting

_____ Food problems

5. MEDICAL HISTORY (cont.)

_____ Chewing odd substances

_____ Head banging

_____ Rocking

_____ Temper tantrums

_____ Frequent aches and pains

_____ Excessive vomiting

_____ Over-competitive

Has your child been immunized against DPT_____, Polio_____,

Measles_____, Rubella_____, and mumps_____.

Has any problem been recognized and treated?_____

If so, what?_____

where?_____

APPENDIX "D"

FOLLOW-UP QUESTIONNAIRE ON THE PRE-SCREENING PROGRAM

Please check "yes" or "no" to the following questions:

	YES	NO
1. Do you feel that the pre-Kindergarten screening test was helpful in identifying children with special needs?		
2. Was the Denver Developmental Screening Test an appropriate pre-screening tool?		
3. In your opinion was the general environment and conduction of the pre-screening program appropriate?		
4. Do you feel that the pre-screening program was helpful to you?		
5. Do you feel that this type of pre-screening program should be implemented in the future?		
6. In you opinion was parental reception of the pre-screening program generally positive?		

7. Do you have any comments and/or suggestions?

_____

_____

_____

_____

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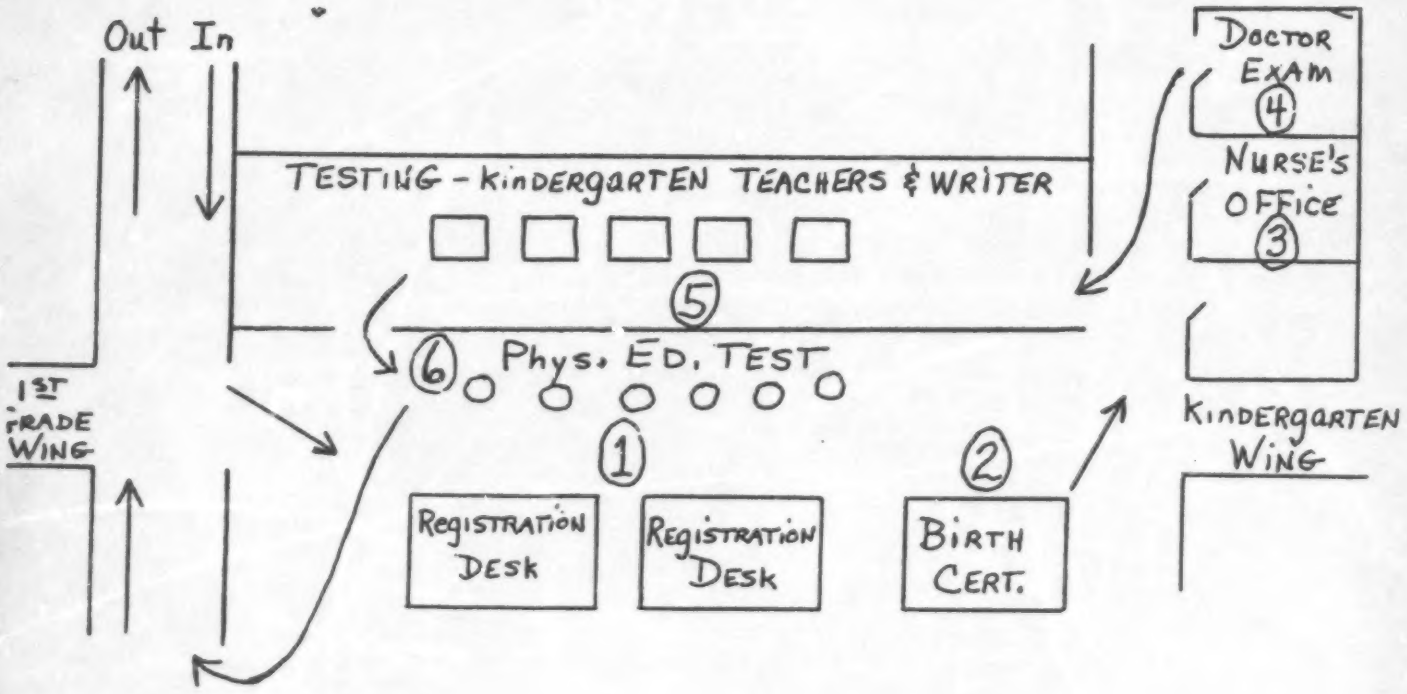
Lower Township
Public Schools

824 SEASHORE ROAD, CAPE MAY, NEW JERSEY 08204 LOWER TOWNSHIP, NEW JERSEY

KINDERGARTEN ROUNDUP



Parents should enter through first grade wing.

Station #1 - Fill out registration forms.
Station #2 - Verification of birth certificate
Station #3 - Nurse's Office - Forms reviewed
Station #4 - Doctor's examination
Station #5 - Testing by Kindergarten teachers and writer
Station #6 - Testing by Physical Education Teacher

APPENDIX "F"

ATTENDANCE RECORD

Number of Parents Attending Workshop	Percentage

QUESTIONNAIRE TO KINDERGARTEN TEACHERS AND REMEDIAL PERSONNEL TO EVALUATE THE EFFECTIVENESS OF EARLY IDENTIFICATION OF HIGH RISK CHILDREN

Please check "yes" or "no" to the following questions:

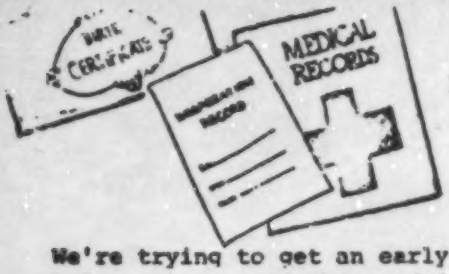
	YES	NO
1. Do you feel that the identification of high risk children prior to their entrance into Kindergarten was helpful to you?		
2. Do you feel that the tests administerd yielded appropriate data?		
3. Do you feel that pre-school identification of high risk children has been helpful to parent/ teacher communication?		
4. Do you feel that high risk children have benefited from the pre-school identification and possibly feel more comfortable in the classroom?		
5. Do you feel that you are in a better position to give remedial help early in the school year?		
6. Do you feel that dissemination of test area results to administration, Kindergarten teachers, and remedial personnel has helped to further inter-school communication and action?		
7. Do you feel that the pre-screening program should be continued?		
8. Do you have any comments and/or suggestions?		

_____

_____

_____

_____



LOWER TOWNSHIP ELEMENTARY SCHOOLS

S P R E A D T H E W O R D

KINDERGARTEN REGISTRATION

We're trying to get an early start on Kindergarten registration for next year. Please help us to spread the word in your neighborhood.

The registration will be for all Lower Township children who will be five (5) years old on or before October 1, 1984. Please bring your child's birth certificate and written physician's evidence of the immunization required. Bring your child with you. The school physician will be here for physical exams, and the Kindergarten teachers will screen the children.

NOTE: There will be an Orientation Day just for parents on May 2, 1984. Children Visitation will be scheduled in August. You will be notified of these days at Round-Up.

Wednesday - March 21	Wednesday - March 28
9:00 - 10:30	9:00 - 10:30
Villas	Cold Spring Apts.
Bayside Village	Town Bank Apts.
Kechemeche Park I & II	North Cape May
Baywood Park	
Town Bank	
1:00 - 2:30	1:00 - 2:30
Cold Spring	Bayshore East & West
Erma & Breakwater Estates	Schooner Landing
All other parts of Township not specifically listed.	Bayshore Estates

IMMUNIZATIONS REQUIRED:

The N. J. State Health Department has established a new sanitary code of required immunizations for all school children. They are listed below:

1. DPT - All Kindergarten children shall have received four (4) doses of DPT - three (3) doses plus one (1) booster which is not to be given until at least six (6) months after the 3rd dose.

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Development Workshop

LOWER TOWNSHIP — On May 30, as a follow-up of the Kindergarten Screening Program, Dr. Kolman M. Kleinbord, a representative from the New Jersey State Department of Education will conduct a workshop for parents on the developmental needs of children from ages three to six.

This workshop will be held in the Maud Abrams Cafeteria from 7:30 p.m. to 9:00 p.m.

LOW-[illegible] KINDERGARTEN SCREENING

PERSONAL/SOCIAL	FINE MOTOR ADAPTIVE	LANGUAGE	GROSS MOTOR